



## Berlin Recreation & Parks Department

# REGISTRATION & PERMISSION

<b>Return with Payment to:</b> The Berlin Recreation Department First Ave. Berlin, NH 03570	<b>Contact Us at:</b> Office: 752-2010 Fax: 752-8588 Email brpd@ncia.net	<b>FOR OFFICE USE ONLY</b>
		CHECK #_____ CASH_____ AMOUNT_____ Received by_____

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participating in this program(s) listed below, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Berlin, it's officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the child(ren) to be administered basic first aid as well as being treated by qualified medical personnel. In case of an emergency, every efforts will be made to reached parent or guardian at the phone numbers provided.

All Recreation Department classes/events may be photographed. Photographs may be used in the promotion of the Recreation Department and the City.

		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
Signature ( Parent/Guardian if participant is under 18)		Date	Are You a Berlin Resident			
<b>Adult Contact Information</b>	First & Last Name:					
	Address:					
	City:	State:	Zip Code:			
	Home Phone	Work Phone:	Cell Phone:			
	Email:	Emergency Contact Name:	Phone:			
School		Grade:				
<b>PROGRAM CHOICES</b>						
FIRST NAME	LAST NAME	SEX	D.O.B.	GRADE	PROGRAM TITLE	FEE
How Did You Hear About Us?		Does Registrant have any <u>Special Needs</u> or <u>Medication</u> <u>Conditions</u> we should know about?			TOTAL FEES \$	

